

Exhibit  
①

copy

to Warden

1

FORM #585

MEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: 17 Nov. 05INMATE'S NAME: Leonard BaylisSBI#: 100231HOUSING UNIT: V-D-1

CASE #: \_\_\_\_\_

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 16:00

## TYPE OF MEDICAL PROBLEM:

Have mental health problems. Seizure, Fogue, Chronic Depression and Adult Add. I must receive regular medication. Today, 17 Nov. 05 I was transferred from Gander Hill mental health unit, without receiving meds. Furthermore, with the knowledge that I cannot abide excessive noise or situations which may exacerbate confusion, I was transferred to the Greentree unit - a noisy and extremely convoluted environment.

GRIEVANT'S SIGNATURE: Leonard BaylisDATE: 17 Nov. 05.

ACTION REQUESTED BY GRIEVANT: To negotiate with psychiatrist my being placed in the special needs unit. And to receive all medications

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.